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Dr. Chaney on - How to Do Science Right *The Shaklee Difference*

Dr. Stephen Chaney is a frequent spokesman for health and nutrition issues. As a professor of biochemistry, biophysics and nutrition at the University of North Carolina, Chapel Hill, he teaches nutrition to medical students and has conducted a cancer research project for nearly 30 years. His name is on over 80 published studies in peer-reviewed journals.

Another one of Shaklee's clinical studies has been published in a peer-reviewed scientific journal (International Journal of Food Sciences and Nutrition, DOI: 10.3109/09637486.2010.536146, 2011). (As with most scientific publications today this is the online version. The print version will appear latter this year with the more traditional page numbers)

And, like most of Shaklee's clinical studies, it was a completely independent study. It was performed by Dr. Kevin Maki and his colleagues at Provident Clinical Research in Glen Ellyn, Illinois and Kaiser Permanente in Oakland California.

The study consisted of two parts. The first part looked at Shaklee's multivitamin Vita-Lea and the second part looked at Shaklee's Vitalizer supplement. For the sake of clarity I will just focus on the Vita-Lea portion of the study today.

Let me start by saying that I think that this study is a perfect example of how a supplement company should do science. Some companies do no science of their own. They just "borrow" the science from published studies on some of the ingredients in their product. They actually have no idea whether their product works or not!

Some companies decide to market a product and then dream up some studies to try and convince people that their product works. Shaklee does the science first and uses the science to drive the marketing decisions.

To help you understand this better let me take you back a couple of years.

That was when vitamin D was really starting to hit the headlines. Studies showed that most Americans had low blood levels of vitamin D. Everyone was rushing to market with vitamin D supplements. They were "hot".

Shaklee could also have rushed a vitamin D supplement to market and made lots of money.

But, with Shaklee it's not just about the money. They are committed to only making products that people need - and they had reason to believe that people using the Shaklee products might not need a separate vitamin D supplement.

In the Landmark Study (Nutrition Journal, October 24, 2007) people who had used the Shaklee supplements for 20 years or more had adequate levels of vitamin D in their blood at an average intake of 1,200 IU of vitamin D/day - much less than many experts were saying was needed.

In addition, people in the Shaklee group had lower levels of triglycerides and C-reactive protein and higher levels of HDL cholesterol (the good cholesterol). That means that they were at reduced risk for developing metabolic syndrome - a precursor to diabetes, cardiovascular disease and cancer. However, almost everyone in the Shaklee group in that first study had high vitamin D intake and adequate blood levels of vitamin D.

To better gauge how much vitamin D intake was required to give adequate blood levels of D, Shaklee gathered dietary intake information and took blood samples from a second group of Shaklee supplement users and partnered with Dr. Maki and his colleagues to get the same information from non-supplement users in their clinics.

In that study there was a much wider range of vitamin D intakes. Once again 1,200 IU of vitamin D seemed to be sufficient to provide adequate blood levels of D (Maki et al., J. Clin. Lipidol. 3: 289-296, 2009).

And, as the vitamin D intake increased there was a decrease in the triglycerides and an increase in HDL levels.

Thus, it is easy to see why Shaklee felt that the products they already had might be sufficient to give
healthy levels of vitamin D in the blood and reduce the risk of metabolic syndrome.

However, the people in the Shaklee group were using more than just vitamin D. So, to Shaklee's credit, they commissioned the ultimate clinical trial. This trial asked the question of whether Vita-Lea alone was sufficient to raise blood levels of vitamin D to the adequate level and reduce markers of metabolic syndrome.

Dr. Maki and his colleagues recruited 60 non-Shaklee using, obese subjects from their patient population. Shaklee created two forms of Vita-Lea - one with no vitamin D

(placebo) and one with 1,200 IU of vitamin D3 for this study.

So, what were the results at the end of this 8-week study?

Blood vitamin D levels were significantly increased in the group using the Vita-Lea with 1,200 IU of vitamin D, but they didn't reach optimal levels.

The reason for the discrepancy between these results and Shaklee's long term studies is not known.

Perhaps 1,200 IU of vitamin D would have been sufficient to give optimal blood levels if the subjects had taken them for a longer period of time. Perhaps some of the other nutrients that the Shaklee group was getting in the previous studies improved their vitamin D status.

However, those types of scientific questions really don't matter. Shaklee did the responsible thing. They introduced a vitamin D3 supplement for people to use along with their other supplements.

Making a vitamin D3 supplement is not a difficult thing to do. Shaklee could have introduced it earlier, but they chose to wait until they could be sure that the vitamin D supplement was both needed and beneficial to their customers.

This is a perfect example of letting science drive marketing, rather than the other way around. This is a very important part of the Shaklee Difference.
To Your Health!
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